



## Indiana State Department of Health

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**Project:** Indiana State Trauma Care Committee (ISTCC)

**Date:** August 3, 2012 – 10:00 am

**Present:** **Committee members present:** Joe Wainscott (Vice Chair); Mike Garvey; Stephen Lanzarotti, MD; Spencer Grover; Scott Thomas, Lewis Jacobson, MD; Ryan Williams, RN; Matthew Vassy, MD; Meredith Addison, RN; Lawrence Reed, MD; David Welsh, MD; Donald Reed, MD; Chris Hartman, MD; and Theresa Joy, RN for Gerardo Gomez, MD

**Committee members present via phone:** Greg Larkin, MD (Chair)

**Committee members not present:** Scott Thomas, MD; Gaby Iskander, MD; Tres Scherer, MD; Keith Kahre; and Michael McGee, MD

**ISDH staff present:** Art Logsdon, Katie Gatz, Derek Zollinger, Julie Wirthwein and Manda Clevenger

Agenda Item	Discussion	Action Needed	Action on Follow-up Items
Welcome and Introductions – Joe Wainscott, Vice Chair	Joe Wainscott opened the meeting at 10:05 am and asked attendees in the room and on the phone to introduce themselves.	N/A	N/A
Approval of Minutes from the May 11, 2012 meeting – Joe Wainscott, Vice Chair	Joe Wainscott asked for corrections to the May 11, 2012 ISTCC minutes. Hearing none, he entertained a motion for approval. On a motion by Dr. Welsh, seconded by Dr. Hartman and passed unanimously, the Committee approved the May 11, 2012 ISTCC minutes as distributed.	N/A	N/A
E-Code Survey of Physicians – Dawn Daniels/Jodi Hackworth	An E-code survey was distributed to all physicians attending to be completed during the meeting.	N/A	N/A
Trauma Registry Issues – Katie Gatz, Derek Zollinger & Art Logsdon	<u>Data</u> Data has been collected since 2008 with approximately 70,000 records being collected as of June 30, 2012. At this time 8 trauma centers and 24 hospitals are submitting data to the Trauma Registry.	N/A	N/A



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We are trying to recruit non-trauma centers to submit data as well because the only way to collect meaningful and useful data is for all entities to report and for all areas of the state to submit data. Data is analyzed 1 month after submission to ensure timely and useful data. Data is now being reported by all trauma centers on a quarterly basis, as opposed to annually.

The goal is to transmit the data collected back to the hospitals that have submitted the data as a performance improvement tool they can use. The Trauma team would like to know what the Committee members and other interested persons would like to see in the data collected to ensure that data collected is useful and meaningful to the users.

Representative Charlie Brown from Lake County asked why all hospitals are not required to report data and do we need to do something statutorily to require all hospitals to report data? He also asked if hospitals in other states are required to report data. Staff responded that it has worked with registries in other states to coordinate data from state to state, but at this time there is no requirement for states to report trauma data to each other.

Relative to Representative Brown's question - why do all hospitals need to report data. Without relevant data from all parts of the state the goals of an effective statewide trauma system cannot be achieved.

The Committee agreed the Registry has a good base but we need to think of more ways to utilize the data collected.



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	<p><u>Draft Trauma Registry Rule</u></p> <p>Mr. Logsdon briefly reviewed the draft rule and explained updates that have been made.</p> <p>Several comments were registered during the discussion including a better definition of “free-standing” hospitals and the suggestion that rehabilitation hospitals also be required to report data to the Trauma Registry. Staff got a strong sense that the Committee wants to move forward with the rule as written.</p> <p>The Committee was asked to provide any further recommendations, suggestions or comments about this rule to Mr. Logsdon by September 12, 2012.</p>		
Statewide Summer Trauma Listening Tour – Art Logsdon	<p>Mr. Logsdon stated 6 of 10 stops have been made thus far on the tour including Evansville, Terre Haute, Portage, Fort Wayne, South Bend and Scottsburg. No issues have arisen; however, the format of the tour stops was modified slightly. The first stop was a casual setting with no formal presentation. The staff heard a need for a formal presentation to get things moving, so to that end Dr. Larkin has made that presentation at the last 5 stops and the response has been very good.</p> <p>Mr. Logsdon noted overall that stakeholders from around the state have had a face-to-face opportunity to become acquainted with each other and have had the chance to discuss issues in their respective areas.</p> <p>Mr. Logsdon thanked members of the Committee for supporting the Trauma Listening Tour and fielding questions and listening to comments made during these tour stops.</p>		



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Triage & Transport Rule	<p>The EMS Commission of the Indiana Department of Homeland Security adopted this rule in May of 2012 which requires EMS providers to transport Step 1 and Step 2 trauma patients directly to a trauma center unless 1 of 2 conditions is in place: (1) the trauma center is more than 45 minutes away, or (2) the patient's life is endangered by going directly to a trauma center. This rule is set to take effect on August 8, 2012.</p> <p>Mr. Logsdon stated that the phrase in the rule – “in the process of ACS verification” – needs to be further discussed by the Committee, as the EMS Commission is looking to the Committee for guidance.</p> <p>Items discussed were:</p> <p>What is the American College of Surgeons (ACS) process for verification?</p> <p>Is there a distinction between levels 1 and 3? It appears the language is geared for level 1 and 2 centers. Dr. Jacobson noted the bar must be set high and split into level 1's, 2's, and 3's because resources and response times are going to vary for the different levels.</p> <p>A discussion occurred regarding the cost of becoming verified as a trauma center.</p> <p>Again, comments, questions and recommendations about this process are to be directed to Art Logsdon by September 12, 2012.</p>	<p>A handout was distributed outlining this criteria</p> <p>Staff will continue working with the Committee to further refine this process</p>	
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American College of Surgeons Follow-Up Consultation – Dr. Lewis Jacobson	Dr. Jacobson noted the ACS came for a consultation visit of Indiana's trauma system December 14 to 17, 2008. A document was generated at that time with a list of recommendations about how Indiana should develop a trauma system. This latest consultation was arranged to see progress made by Indiana in this process.	A handout was distributed outlining the results of the ACS follow-up call on July 24, 2012	
Remaining Meeting Dates for 2012	Mr. Logsdon stated the next meeting of the Committee will be held on Friday, November 2, 2012.  He also asked the Committee members to give him suggestions on the meeting dates/time for 2013, i.e., quarterly, another day of the week, other times, etc.	N/A	N/A
Adjournment	Mr. Wainscott thanked everyone for their participation and adjourned the meeting at 12:15 pm.	N/A	N/A